

## Vendor Payment Information Form

The Administrative Resource Center (ARC) requires the following payment information to be submitted prior to payment of any invoice. Please fax this form to the Administrative Resource Center's Accounting Services Division at (304) 480-7201 or mail to Accounting Services Division, Public Debt, P.O. Box 1328, Parkersburg, WV 26106-1328. Incomplete forms will be returned. ARC will contact your bank to confirm the bank account information. If you have any questions, please contact us at (304) 480-7119.

### Vendor Identification

Vendor Name as Registered with the Internal Revenue Service \_\_\_\_\_

Vendor Federal Taxpayer Identification Number \_\_\_\_\_

Mailing address for 1099 tax forms (required for all vendors) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and number of vendor contact for 1099 forms \_\_\_\_\_

### Payment Preference

Government Purchase Card

Name and number of vendor contact for purchase card payments \_\_\_\_\_

Electronic Funds Transfer

Financial Institution Name \_\_\_\_\_

Financial Institution Address (City & State) \_\_\_\_\_

Financial Institution Contact Name and Number \_\_\_\_\_

Routing Transit Number \_\_\_\_\_

Type of Account                      checking                      savings

Depositor Account Number \_\_\_\_\_

Name and number of vendor contact for EFT payments \_\_\_\_\_

### Certification by Payee

Under penalties of perjury, I certify that:

1. The number shown on this form is the correct taxpayer identification number and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. The IRS does not require your consent to any provision on the document other than the certifications required to avoid backup withholding.

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Signature of Authorized Vendor Representative

Date \_\_\_\_\_